

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41464

State File No.

FILED DEC 27 1950

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5755 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Varies Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Varies</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Jackson</u>		c. LENGTH OF STAY (In this place) <u>Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural- Jackson Township</u>				d. STREET ADDRESS " (If rural, give location) "			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johanna</u> b. (Middle) <u>Louise</u> c. (Last) <u>Bure</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 5, 1893</u>		9. AGE (In years last birthday) <u>57</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Varies, Co.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>Anton Renneke</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Winkle</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Bure</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Bure , Argyle, Mo.</u>			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>49</u> , to <u>Dec 10, 1950</u> that I last saw the deceased alive on <u>Dec 10, 1950</u> and that death occurred at <u>7:15 PM.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Moore Do.</u>				23b. ADDRESS <u>Argyle, Mo.</u>			
23c. DATE SIGNED <u>Dec. 11, 50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Aloysius Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Argyle, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>12-15-50</u>		REGISTRAR'S SIGNATURE <u>Couline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heimann H. Hrop</u> ADDRESS <u>Meta, Mo.</u>			

H 5 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. DISTRICT HEALTH OFFICE No. 4

DEC 16 1950

RECEIVED

JAN 8 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed

Herman H. Throp

Signed.....
Student Embalmer

Licensed Embalmer No. 2924

P. O. Address: Veta, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.